

<b>Case Number:</b>	CM15-0131538		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 42-year-old who has filed a claim for chronic ankle and foot pain reportedly associated with an industrial injury of June 5, 2012. In a Utilization Review report dated June 17, 2015, the claims administrator partially approved a request for a 10-session functional restoration program as a six-session functional restoration program. The claims administrator referenced a June 8, 2015 RFA form and associated progress note of June 4, 2015 and May 19, 2015 in its determination. The applicant's attorney subsequently appealed. On June 12, 2015, it was suggested that the applicant had enrolled in the functional restoration program in question. On June 10, 2015, the applicant reported ongoing complaints of foot pain with derivative complaints of insomnia. The applicant was overweight, with a BMI of 32, it was reported. The applicant was on Neurontin, Vicodin, Desyrel, and Motrin, it was reported. Ancillary complaints of low back pain were reported. It was stated that the applicant could potentially have issues with complex regional pain syndrome (CRPS). Multiple medications were renewed and/or continued, including Desyrel, Neurontin, and Vicodin. The applicant's work status was not explicitly stated. The treating provider stated that he deferred any positional work status to the applicant's medical-legal evaluator. In an RFA form dated June 8, 2015, 10 sessions of treatment via a functional restoration program were sought. In a May 19, 2015 psychological evaluation, it was acknowledged that the applicant had issues with somatic symptom disorder, depressive disorder, and complex regional pain syndrome (CRPS). The applicant was divorced, it was reported. The applicant had been terminated by her former employer, it was acknowledged. A functional restoration program was sought. The applicant's

psychologist seemingly suggested that the applicant would require a minimum of 21 sessions of treatment via a full functional restoration program. It was acknowledged that the applicant had moderate depressive symptoms and mild-to-moderate anxiety.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **10 initial sessions of functional restoration program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Patients with Intractable Pain; Chronic pain programs (functional restoration programs) Page(s): 6; 32.

**Decision rationale:** No, the request for 10 initial sessions of a functional restoration program was not medically necessary, medically appropriate, or indicated here. As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, the longer an applicant suffers from chronic pain, the less likely any treatment, including a comprehensive functional restoration program, will be effective. Here, the applicant was some three years removed from the date of the injury as of the dates in question. It was not clearly stated or clearly articulated why, how, or if the treating providers believed that a functional restoration program could prove beneficial here, given the duration of the applicant's chronic pain issues and duration of the applicant's disability. The applicant was described as off of work, per psychological evaluation dated May 19, 2015. The said psychological evaluation of May 19, 2015 also suggested that the applicant had moderate depressive symptoms and mild-to-moderate issues with anxiety. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, however, stipulates that one of the cardinal criteria for pursuit of a functional restoration or chronic pain program is evidence that there is an absence of other options likely to result in significant clinical improvement. Here, the applicant was described as moderately depressed on May 19, 2015. The applicant was, however, only using one atypical antidepressant medication, Desyrel (trazodone), as of the June 10, 2015 office visit, referenced above. It did not appear that psychotropic medication management had been optimized or maximized prior to the pursuit of the functional restoration program at issue. It was further noted that trazodone was being employed at a low dose of 50 mg as of June 10, 2015. It did not appear, in short, that the applicant had maximized or optimized treatment for her significant issues with chronic pain-induced depression prior to the pursuit of the functional restoration program in question. Therefore, the request was not medically necessary.